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**DEVELOPING ACADEMIC CARDIOTHORACIC SURGEONS**

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Three years ago, during a thoracic surgical meeting in New Orleans, we were having dinner with Bill Baumgartner and Larry Kaiser at Emeril's restaurant, discussing "the future" of cardiothoracic surgery. Not only were we concerned about attracting the "best and the brightest" into our specialty generically, but we were even more concerned about attracting and nurturing the next generation of "academic" cardiothoracic surgeons. We had recently observed a decline in the number of training programs in the country and in the number of applicants for training. More important, we were concerned about our ability to attract and maintain a diversified, committed faculty. What were some of the factors making academia appear less attractive and was there anything we could contribute to reversing that trend?

For starters, potential or new faculty faced some obvious pressures. First, financial considerations could not be underestimated and seemed to be making private practice more attractive. Resident debt coming out of training was increasing at a time when remuneration

was decreasing. Second, the academic clinical environment was changing. Significant pressure was being placed on young academic faculty to develop revenue-generating practices. This was occurring in a highly competitive clinical environment in which faculty were also expected to carry the additional academic and educational burdens. Educationally, faculty were expected to "turn over cases" for resident education at a time of diminishing volumes and increasingly complex case mixes. The constant introduction of new technology that the faculty had to learn did not necessarily make education of a resident particularly attractive. Academically, the environment was not any easier either. The ability to compete for basic science extramural funding was becoming increasingly difficult because national research funding emphasized cellular and molecular biology. The apparent need to create multidisciplinary research teams to compete for funding was clearly a formidable challenge. In addition, doing quality, prospective, randomized clinical research in an environment of low clinical volume, with the emphasis on short-term outcome variables, was almost impossible.

We decided that a yearly symposium, associated with and supported by The American Association for Thoracic Surgery, "Developing the Academic Cardiothoracic Surgeon," was reasonable, responsible, and necessary. Our goal in designing the program was to review, in some cyclical fashion, the major issues facing either the resident contemplating an academic career in

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cardiothoracic surgery or the junior faculty member suddenly finding himself or herself facing the myriad of complex issues and choices necessary to achieve success and reward. The first meeting was held just before the 1999 meeting of The American Association for Thoracic Surgery in New Orleans. The eight presentations were published as a supplement to *The Journal of Thoracic and Cardiovascular Surgery* in April 2000.

The program in the year 2000 was a natural extension of the initial program, and we are extremely pleased that the *Journal* has decided to once again publish these eight articles as a supplement. The presentations in

Toronto were excellent, and the audience was appreciative. We would like to sincerely thank all participants in the program for the outstanding quality of their presentations and all attendees for their active participation. The supplement cannot reflect the active discussions that followed all the presentations, but ideally the manuscripts will help serve as a resource for those residents and junior faculty attracted to the academic environment for years to come.

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